Case report: Intussusception of the colon through a colostomy: A rare presentation of colonic intussusception.

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Case report: Intussusception of the colon through a colostomy: A rare presentation of colonic intussusception.

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Abstract

Intussusception of the bowel through the ostomy is a rare complication of ostomies. We only found few case reports in the literature, of which one was a reported case of large bowel intussusception into a colostomy and 4 cases of small bowel intussusception into ileostomies. We report a case of large bowel intussusception through a colostomy.

KEYWORDS: colostomy, Intussusception
Introduction

Intussusception of the bowel through a stoma is a rare complication of ostomies. We found case reports in the literature, one of which was a reported case of large bowel intussusception into a colostomy and four of which were small bowel intussusception into ileostomies. We report a case of colonic intussusception into a colostomy.

Case Report

A 78 year-old woman with a past medical history of hypertension, spinal stenosis, and diverticulosis presented to the emergency department with abdominal pain and fever. Her abdominal series demonstrated free intraperitoneal air. The patient underwent emergent laparotomy and Hartmann’s procedure for perforated sigmoid diverticulitis. Her postoperative course was uncomplicated and she was discharged home.

Presentation

Two months later, the patient presented to the emergency department with a one day history of abdominal pain, constipation, and stoma discoloration. There was no history of nausea, vomiting, or abdominal distention. She had not passed stool or gas through the stoma for one day.

Physical Exam

On physical examination, the patient was hemodynamically stable and afebrile. Her abdominal examination revealed an edematous stoma with discoloration of the distal segment, and bloody discharge was present in the ostomy appliance. Her abdomen was not distended. It was soft with diminished bowel sounds.

Radiologic Imaging

A CT scan of the abdomen performed the same day demonstrated colo-colostomy intussusception with peristomal herniation of mesenteric fat (Images 1-3).

Treatment

The patient underwent exploratory laparotomy and was found to have colonic intussusception through the prolapsed stoma with vascular compromise of the distal segment. The distal segment was edematous, dusky, and had sloughed mucosa (Images 4, 5). Peristomal fat herniation
was also present. The distal colostomy segment was resected and reanastomosed to the rectal stump. Postoperatively, the patient recovered well and was discharged home.

Pathology
Histopathological exam of the resected segment revealed intussusception of large bowel into the stoma with hemorrhagic, ischemic necrosis at the mucosa level and peristomal herniation with organizing fat necrosis.

Discussion and Literature Review
Bowel intussusception through ostomies is a very rare complication. There are only a few reported cases in the literature. There are four reported cases of intussusception of small bowel through an ileostomy. Three of which were reported in pregnant women in 1959, 1992, and 2005. All of whom had ileostomy performed for inflammatory bowel disease\(^1\)\(^-\)\(^3\). This lead to the postulation that the increase in intra-abdominal pressure associated with pregnancy might have contributed to the intussusception.

The fourth case is reported in a 49 year-old man who underwent laparotomy and diverting loop ileostomy for complicated diverticulitis with recto-vesical fistula and pelvic inflammatory mass involving the sigmoid colon and distal small bowel\(^4\).

With respect to colonic intussusception through a stoma, there is one reported case of an irreducible prolapsed colostomy secondary to an ileocecal intussusception in a 58 year-old man\(^5\).

Conclusion
Intussusception of the bowel into a stoma is very rare. There are only a few reported cases. Cases should be treated promptly as there might be an element of obstruction or ischemia. There are no definite risk factors identified. However, the increased intra-abdominal pressure associated with pregnancy corresponded to several cases.

References